Department of Mental Health

Mental Health and Substance Abuse Committee Oversight Hearing
Children's Mental Health
March 6, 2006
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Good morning, Senator Tolman, Representative Balser and members of the committee. I am pleased to be here today to talk to you about the Department of Mental Health and its services to the children of our Commonwealth.

I first want to take this opportunity to commend the chairs and members of the Mental Health and Substance Abuse Committee. The establishment of this body is a vital acknowledgement of the fact that mental health is inextricable from any discussion of the health and well-being of our citizens. The effort of this Committee is meaningful and significant to the members of the mental health community—consumers, family members, caregivers, providers and stakeholders—and I would like to thank the Committee for the diligence, commitment and hard work you have all contributed in the important area of behavioral health services. Governor Romney acknowledges that quality mental health care for our Commonwealth's children and adolescents is vital to their future and working together to that end is our greatest hope.

The U.S. Surgeon General Report of 1999 and more recently, the President's New Freedom Commission have well documented the critical mental health needs of our nation's children and adolescents. Increasing numbers of children are suffering because of emotional and behavioral disturbances and disorders. The causes are complex and span both biological and environmental factors. From a brain chemical imbalance to exposure to violence, mental health issues can affect children and adolescents for the rest of their lives. We all recognize the public health tragedy in these statistics. But both the Surgeon General's and the President's New Freedom Commission reports offer great hope to millions of our nation's youth. These reports tell us that through appropriate identification, evaluation and treatment, children and adolescents with mental disorders

can lead productive lives, they can follow their dreams, they can fulfill the promise that youth holds for the future.

Identification and treatment is the key to eradicating the very real public health crisis of mental illness among children and adolescents. The consequences of untreated mental illness in our youth are serious:

Suicide. Suicide is the third leading cause of death in young people ages 15 to 24. More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects or flu. It is estimated that more than 90 percent of children and adolescents who take their own lives have a mental disorder. In terms of dollars, states spend nearly $1 billion every year on medical costs associated with suicide attempts and completed suicides by young people up to 20 years old.

Involvement in the juvenile and criminal justice system. For many young people, unidentified and untreated mental illnesses lead to jail and prison. In one of the largest studies ever done, the National Institutes of Mental Health found that a disturbing 65 percent of boys and 75 percent of girls, some as young as 8 years old, in juvenile detention facilities have at least one mental disorder.

Failure in school. The U.S. Department of Education in a 2001 report found that 50 percent of students with a mental disorder, ages 14 and older, drop out of high school. This is significant because this is the highest dropout rate of any disability group.

In Massachusetts, the importance of the mental health of our children and adolescents was given its due when the Legislature, led by Representative Ellen Story, established the Mental Health Commission for Children in 2002, with the original intent of examining the issues of waiting lists, “stuck kids” and access to mental health services. The Commission’s charge expanded, however, when members realized that the collective and formidable expertise of the group could inform work around the broader scope mental health service delivery for children in Massachusetts. The composition of this body was

specified in the legislation and spanned public child-serving agencies, statewide major professional organizations and parent organizations. This public-private partnership is critical to appropriately and broadly addressing the mental health needs of children and adolescents.

The Commission's efforts focused on developing targeted recommendations for improving the mental health system for children, drawing on the growing body of research on effectiveness and evidence-based practices and for maximizing the impact of the state's mental health parity law. The extensive personal experience and professional knowledge of the Commission members coalesced around a set of recommendations contained in the Commission's report issued in the summer of 2005.

I want to note here that the Commission applied a set of themes and principles to the work before it, themes and principles that also reflect those of the Department of Mental Health and our approach to providing care and treatment for the children and adolescents we serve. These principles cross all disciplines:

Appropriate care and treatment for all. Every child and his or her family should have a right to access mental health care delivered by culturally competent staff in the most appropriate social context and setting.

Parity. Mental and physical health should be treated equally. Appropriate mental and physical health care should be available for all children.

Family-centered care. The care of children is inseparable from the care of their families and family-strengthening care should be emphasized.

Evidence-based practice. Bother prevention and interventions—acute, intermediate and long-term—should be evidence-based and associated with long-term objectives that will make a difference in the lives of children. The Commission, and the Department of

Mental Health, supports a continuous improvement model and acknowledges and values craft or practice knowledge.

Prevention, health promotion and wellness. Prevention of mental illness and the development of mental health and wellness are as important as the early treatment of illness. Supporting healthy communities as well as encouraging strength, resilience and skill-building in parents and children must be essential components of all programs for children.

So that the Commission's work would not only endure, but also spark the necessary changes to the children's mental health system, the Commission took two important steps at its final meeting: First, members decided that the commissioner of mental health as part of the State Mental Health Authority role should be responsible for overseeing the implementation of its recommendations. And second, the Commission re-formed itself as an advisory body to the state mental health commissioner to monitor the implementation of its recommendations. Since the Children's Mental Health Commission made its final report, the new advisory committee has met several times and the work of transforming the mental health care delivery system for children is underway.

The success of the Commission's recommendations and their implementation hinges on collaborations and coordination of services. The reorganization of the Executive Office of Health and Human Services (EOHHS) has well-positioned us with strong service coordination across child-serving agencies. The creation of the Office of Children, Youth and Families within EOHHS has established a point of coordination for children's issues and the Department of Mental Health, as the State Mental Health Authority, provides expertise and consultation to all EOHHS agencies on children's and adult mental health.

Two Department of Mental Health programs are working examples of the Commission's principles. Governor Romney's proposed budget for Fiscal Year 2007 provides expansion funding for a crucial areas of child and adolescent mental health service delivery. Services for transition age youth in the DMH system received $2 million in

expansion funding in House 2 for DMH clients ages 16 to 25. Not only is this the right thing to do, it is visionary in offsetting future costs. Offering relevant transition age services to young adults who need them can deter a lifelong course of disability that will save future expense to state and federal governments as well as to the individuals themselves and their families.

As you know behavioral health programs funded by MassHealth for Medicaid-eligible children and youth are vital to meeting the mental health needs of our children. Currently, more than a half a million children are covered by MassHealth, including those children in the care and custody of DSS and DYS.
In addition, public school systems under the direction of the Department of Education provide vital mental health services through their special education programs. One of the hallmarks of the Commission is the important role played by the State Director of Special Education in the work of the Commission.

The Massachusetts Child Psychiatry Access Project (MCPAP), established two years ago and currently funded through a Fiscal Year 2006 appropriate of $2.65 million to DMH, is a model in access, early treatment and prevention. It recognizes an important tenet: that mental health care *is* health care. The goal of the MCPAP is to make child psychiatry services more accessible to primary care providers throughout the Commonwealth. MCPAP gives primary care providers immediate access to child psychiatry consultation and, when indicated, transitional services into ongoing behavioral health care. MCPAP is available to pediatricians regardless of insurance status. In some areas of the state, there is 100 percent pediatrician participation.

Since its inception in September 2004, the MCPAP has reached 135 medical practices serving 898,607, or 60 percent of children 18 and younger in the Commonwealth. This initiative is very important for early identification and the education of primary care providers, often the only health care point of contact for children and their families, in assessing and treating behavioral health issues. The critical shortage of child-trained psychiatric clinicians in the Commonwealth is well documented. This model program

helps to close that gap and opens the door to appropriate, efficient and accessible care and treatment for children and adolescents.

Other interagency models of collaboration give us the foundation to build upon as we focus on and strengthen our system of behavioral health care for children and adolescents. Among these are the Department of Mental Health-Department of Social Services(DSS) Collaborative Assessment Program (CAP), which serves children at risk of out-of-home placement;

The expansion of comprehensive, wrap-around programs for children with emotional disturbances, includes the expansion of the Mental Health Services Program for Youth (MHSPY), which provides mental health services to children and families in the five communities of Cambridge, Somerville, Malden, Medford and Everett; and Parents with Mental Illness Initiative, a DMH-DSS collaboration that provides expedited eligibility and short-term services to parents who have mental illnesses and whose children are in DSS custody. Psychiatric consultation and training are also offered to DSS Area Office staff.

Our children and families are also serviced by the Coordinated Family Focused System of Care (CFFC) program which now serves more than 700 children and their families provide a similarly comprehensive, family-focused system of care in sites throughout the Commonwealth

Other important programs developed by EOHHS that reflect the goals of the Children's Mental Health Commission include:

- DSS's new initiative to refocus its residential and family-based service system on supporting families and increasing the ability of children to receive needed services in their own communities.
- The launch of the new Worcester County Community Cares program under the SAMHSA grant awarded to EOHHS under DMH's direction that will focus on

bringing family-focused systems of care to children are risk of entry into the Juvenile Justice System

- Creation of the Planning and Review Teams (PRTs) to provide regionally-based coordinating teams that cross human services agencies and involve public schools, and families in developing comprehensive approaches to solving families' need for coordinated, family-focused care for children.

As we continue to explore new, efficient, innovative and evidence-based practices and programs for the mental health of our Commonwealth's children and adolescents, it is clear that collaborations and continuity among child-serving agencies is critical to the success of our work, but incomplete without the partnership of stakeholders: families, providers, communities and most importantly, children and adolescents themselves. When consumers and families are involved in their own care and treatment, it is our best chance of hope for mental health and well-being of our youth.

I thank you for the opportunity to address this committee. I would be pleased to provide you with more detailed information or answer any questions you may have.